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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 10/033,526 | 11/02/2001 | Yadong Huang | UCAL217 |

CONFIRMATION NO. 7367

FORMALITIES LETTER



OC000000007383591

Paula A. Borden
Bozicevic, Field and Francis LLP
Suite 200
200 Middlefield Road
Menlo Park, CA 94025

Date Mailed: 01/29/2002

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.
Applicant must submit \$ 370 to complete the basic filing fee for a small entity.
- Total additional claim fee(s) for this application is \$519. 04/11/2002 HBERHE 00000041 500815 10033526
 - \$99 for 11 total claims over 20. 01 FC:201 370.00 CH
 - \$420 for 10 independent claims over 3. 02 FC:205 65.00 CH
 - 03 FC:203 99.00 CH
 - 04 FC:202 420.00 CH
- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 954.

A copy of this notice **MUST** be returned with the reply.

FEB - 5 2002

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PART 1 - ATTORNEY/APPLICANT COPY



Please use a plus sign (+) inside this box →



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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

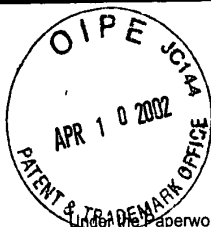
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| | | | |
|---|--|--|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | | Application Number | 10/033,526 |
| | | Filing Date | November 2, 2001 |
| | | First Named Inventor | HUANG, YADONG |
| | | Group Art Unit | 1632 |
| | | Examiner Name | To Be Assigned |
| Total Number of Pages in This Submission | 6 | Attorney Docket Number | UCAL217 |
| ENCLOSURES (check all that apply) | | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Executed Declaration and Power of Attorney (2 pgs.) 2) Notice to File Missing Parts (1 pg.) 3) Return Postcard | |
| <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
| Firm or Individual Name | PAULA A. BORDEN, Reg. No. 42,344 | | |
| Signature | | | |
| Date | March 26, 2002 | | |

| | | | |
|--|-----------------|------|----------------|
| CERTIFICATE OF MAILING | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: March 26, 2002. | | | |
| Typed or printed name | Cindy Kim Hoang | Date | March 26, 2002 |
| Signature | | | |

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PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| FEE TRANSMITTAL for FY 2002 | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|--|-----------------------|-----------------|----------|---------|--------|------------------------|--------|----------------------|--------|-----------------------------------|--|--------------------|-----|---------------------------------------|---|-----|-----|--|--|-----|-----|--|--|-------------------------------|--|--|--------|--|--|
| <i>Patent fees are subject to annual revision.</i> | | Application Number | 10/033,526 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | November 2, 2001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | HUANG, YADONG | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | To Be Assigned | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Group Art Unit | 1632 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 954.00 | | Attorney Docket No. | UCAL217 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to: Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27 | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>201</td><td>Utility filing fee</td><td>370.00</td></tr><tr><td>106</td><td>206</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>207</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>208</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>214</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>370.00</td></tr></tbody></table> | | Large Entity Fee Code | Small Entity Fee Code | Fee Description | Fee Paid | 101 | 201 | Utility filing fee | 370.00 | 106 | 206 | Design filing fee | | 107 | 207 | Plant filing fee | | 108 | 208 | Reissue filing fee | | 114 | 214 | Provisional filing fee | | SUBTOTAL (1) | | | 370.00 | | |
| Large Entity Fee Code | Small Entity Fee Code | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 201 | Utility filing fee | 370.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 206 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 207 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 208 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 214 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | 370.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>31-20**</td><td>= 11 x</td><td>9 = 99.00</td><td></td></tr><tr><td>Indep. Claims 13-3**</td><td>= 10 x</td><td>42 = 420.00</td><td></td></tr><tr><td colspan="3">Multiple Dependent</td><td>=</td></tr></tbody></table> | | Total Claims | Extra Claims | Fee from below | Fee Paid | 31-20** | = 11 x | 9 = 99.00 | | Indep. Claims 13-3** | = 10 x | 42 = 420.00 | | Multiple Dependent | | | = | | | | | | | | | | | | | | |
| Total Claims | Extra Claims | Fee from below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31-20** | = 11 x | 9 = 99.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims 13-3** | = 10 x | 42 = 420.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>203</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>202</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>204</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>209</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>210</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2) \$ 519.00</td><td></td></tr></tbody></table> | | Large Entity Fee Code | Small Entity Fee Code | Fee Description | Fee Paid | 103 | 203 | Claims in excess of 20 | | 102 | 202 | Independent claims in excess of 3 | | 104 | 204 | Multiple dependent claim, if not paid | | 109 | 209 | ** Reissue independent claims over original patent | | 110 | 210 | ** Reissue claims in excess of 20 and over original patent | | SUBTOTAL (2) \$ 519.00 | | | | | |
| Large Entity Fee Code | Small Entity Fee Code | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 203 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 202 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 204 | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 209 | ** Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 210 | ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) \$ 519.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>**or number previously paid, if greater; For Reissues, see above.</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Other fee (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Subtotal (3) (\$) 65.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | Complete (if applicable) | |
|---------------------|-----------------|-----------------------------------|----------------|
| Name (Print/Type) | Paula A. Borden | Registration No. (Attorney/Agent) | 42,344 |
| Signature | | Telephone | (650) 327-3400 |
| | | Date | 03/26/2002 |

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